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## BIB DATA SHEET

CONFIRMATION NO. 3057

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/811,838	03/30/2004 RULE	514	1617	2003133.125US10		
<b>APPLICANTS</b> Theoharis C. Theoharides, Brookline, MA; <b>** CONTINUING DATA *****</b> This application is a DIV of 09/771,664 01/30/2001 PAT 7,054,558 and is a CIP of 09/056,707 04/08/1998 PAT 6,689,748 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 06/07/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/SHENGJUN WANG/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> WILMERHALE/BOSTON 60 STATE STREET BOSTON, MA 02109 UNITED STATES						
<b>TITLE</b> Proteoglycan compositions for treatment of inflammator diseases						
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			